

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
LICENSE PROCESSING
20 W. STATE STREET
P.O. BOX 327
TRENTON, NEW JERSEY 08625-0327

**APPLICATION FOR INITIAL (RESIDENT OR NON-RESIDENT)
INDIVIDUAL (OR SUBLICENSEE) PUBLIC ADJUSTER LICENSE**

A. PERSONAL INFORMATION:

New Jersey Producer License Reference Number if Applicable

Full legal name:

LAST, FIRST MI (Example: Smith, John A)

Residence Address: If your Residence Address is located in New Jersey, then you are a Resident Applicant.

Room No. _____ Suite No. _____ Apt. No. _____

Street Address

P.O. Box No. _____

You must supply a street or location
address; a P.O. Box alone is not
sufficient. The City, State and
Zip Code must reflect the location
of the P.O. Box.

City

State

_____-_____-_____

Zip Code (include +4, if known)

County (If NJ Resident)

Date of Birth: _____ - _____ - _____
Mo. Day Year

Residence Telephone Number: _____ - _____ - _____
Area Code

Social Security Number: _____ - _____ - _____

☐ If applying as a sublicensee, check here and provide in Section B. the name, address and license reference number of the licensed public adjuster for whom you will be a sublicensee.

☐ If applying as an individual, check here and provide the information relating to your business address below.

B. BUSINESS INFORMATION:

C/O Individual, Firm, Agency or Company Name.

NJ License Reference Number

Business Address:

If your Business Address is located in New Jersey, then you are a Resident Applicant.

Room No.

Suite No.

Apt. No

Street Address

P.O. Box No.

You must supply a street or location address; a P.O. Box alone is not sufficient. The City, State and Zip Code must reflect the location of the P.O. Box.

City

State

Zip Code (include +4, if known)

County (If NJ Resident)

Business Telephone Number:

Area Code

TeleFax Phone Number, if any:

Area Code

Trade Name, if any:

Attach a copy of the recording document stamped "FILED" by County Clerk, Secretary of State, or other recording authority.

C. LICENSING REQUIREMENTS

- ☐ Two (2) passport size photographs
- ☐ Fingerprint card of both hands. Fingerprint impressions must be taken by law enforcement authorities; contact your local police department.
- ☐ Performance Bond (\$10,000 Minimum) as required by N.J.S.A. 17:22B-12.
- ☐ Exam Score Report. Note: this is only required for resident licenses.
- ☐ Non-Resident: Attach a certification of current license status issued by Licensing authority in home state

D. YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. Have you ever been arrested, indicted or convicted of a crime, misdemeanor or disorderly person offense in this State, any other state, or by the federal government or are such proceedings pending against you?

☐ Yes ☐ No

If yes, enclose a certified copy of the indictment or judgment of conviction, which may be obtained from the clerk of the court where the conviction was entered, or the relevant summons or pleadings. In addition, provide a detailed explanation of the events leading to your indictment or conviction.

2. Have you had any business or professional license suspended or revoked (other than those related to a court ordered child support obligation as stated in question 5 below) or are such proceedings pending against you?

☐ Yes ☐ No

If yes, attach a copy of suspension or revocation issued by the professional or governmental authority.

3. Are you indebted (other than accounts current) to any insurance company, producer or insured or has any judgment been rendered against you, which has not been satisfied or vacated, for money received from or owed to any insurance company, producer or insured?

☐ Yes ☐ No

If yes, attach copy of judgment.

4. Have you ever received any civil penalty or fine, or been required to provide restitution to any person, pursuant to any unfair trade practice statute, consumer fraud or consumer protection statute; insurance fraud statute or similar statute in this State, any other state or by the federal government; or are any such complaints or lawsuits presently pending against you?

☐ Yes ☐ No

If yes, attach complete written explanation and a copy of the final disposition document, if any.

5. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? (Making a false statement may subject you to contempt of court.)

☐ Yes ☐ No

E. YOU MUST ANSWER THE FOLLOWING QUESTION BY CHECKING THE APPROPRIATE BOX:

We are currently working with the National Association of Insurance Commissioners in the development of programs benefiting producers, public adjusters, regulators and companies. Do you agree to permit the release of your social security number to the National Association of Insurance Commissioners?

☐ Yes ☐ No

F. I HEREBY CERTIFY THAT:

1. All of the information submitted in this application and all attachments are true and complete. I am aware that submitting false information in connection with this application is grounds for denial or revocation of license and may subject me to other civil or criminal penalties.
2. I give the New Jersey Department of Banking and Insurance permission to verify any information supplied with any federal, state, or local government agency.

Signature _____ Date ____/____/____

G. FEES:

License Fee	\$300.00
Application Processing Fee	\$ 20.00
Fingerprint Check Form Fee	\$ 49.00 for each set of two fingerprint forms.

Attach **one** check or money order for the total fee of \$369.00 made payable to "STATE TREASURER OF NEW JERSEY."

H. DISABLED VETERANS:

If you are requesting a fee waiver, check this box. ☐ However, you must still attach a check or money order for the \$49.00 to cover the cost of the fingerprint check form fee, made payable to "STATE TREASURER OF NEW JERSEY."

The License and Application fee of \$320.00 will be waived if you submit a recent certificate from the United States Veterans Administration confirming a current service connected disability.